

EUTF ACTIVES

Medical Plan Coverage Chart (HMSA, Kaiser, RSN) – EUTF continued

Plan Design	HMO Comprehensive	HMO Standard	EUTF HMO
Carrier	Kaiser*	Kaiser*	HMSA
General			
Calendar Year Deductible Single/Family	None/None	None/None	None/None
Calendar Year Out-of-pocket limit Single/Family	\$2,000/\$6,000	\$2,500/\$7,500	\$1,500/\$3,000
Lifetime Benefit Maximum	None	None	None
Plan Year Benefit Maximum	None	None	None
Physician Services	YOU PAY:	YOU PAY:	YOU PAY:
Primary Care Office Visit	\$15	\$20	\$15
Specialist Office Visit	\$15	\$20	\$15
Routine physical exams	No Charge	No Charge	\$15
Screening Mammography	No Charge	No Charge	No Charge
Immunizations	No Charge	No Charge	No Charge
Well Baby Care Visits	No Charge	No Charge	No Charge
Maternity	No charge for routine prenatal visits and one postpartum visit	No charge for routine prenatal visits and one postpartum visit	No Charge, Routine Pre/Post Natal Care & Delivery
Second opinion – surgery	\$15	\$20	\$15
Emergency Room (ER care)	\$50	\$100	\$25
Ambulance	20%	20%	20%
Inpatient Hospital Services			
Room & Board	No Charge	15%	No Charge
Ancillary Services	No Charge	15%	No Charge
Physician services	No Charge	15%	No Charge
Surgery	No Charge	15%	No Charge
Anesthesia	No Charge	15%	No Charge
Outpatient Services			
Chemotherapy/ Radiation Therapy	\$15	\$20 for chemotherapy; 20% for radiation therapy	\$15
Surgery	\$15	15%	\$15
Diagnostic Lab	\$15/department/ day	\$10/ department/ day for basic; 20% for specialty	No Charge
Diagnostic X-ray	\$15/department/ day	\$10/ department/ day for basic; 20% for specialty	\$15 per X-ray
Anesthesia	\$15	15%	\$15
Mental Health Services			
Inpatient Care	No Charge	15%	No Charge, Facility Services
Outpatient Care	\$15	\$20	No Charge, Facility Services
Other Services			
Durable Medical Equipment	20%	50%	20%
Home Health Care	No Charge	No Charge	No Charge
Hospice Care	No Charge	No Charge	No Charge
Nursing facility - Skilled Care	No Charge, 100 days/benefit period	15%, 60 days/benefit period	No Charge, 100 days/CY
Physical & Occupational Therapy	\$15	\$20	\$15 (Outpatient)
Notes:	For prescription drug coverage, refer to the Kaiser HMO plan on page 24.		For prescription drug coverage, refer to the HMO plan on page 24.

*For Kaiser Members only:

- Except for certain situations described in your *Group Medical and Hospital Service Agreement*, all claims, disputes, or causes of action arising out of or related to your *Group Medical and Hospital Service Agreement*, its performance or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. For claims, disputes or cause of action subject to binding arbitration, all parties and family members give up the right to jury or court trial. For a complete description of arbitration information, please see your *Group Medical and Hospital Service Agreement*.
- Members must reimburse Kaiser Permanente for care provided or paid for by Kaiser Permanente (from the proceeds of any settlement, judgment, or other payment the Member receives) if the care is for harm caused or alleged to be caused by a third party.